

FIRST REGULAR SESSION

SENATE BILL NO. 369

93RD GENERAL ASSEMBLY

INTRODUCED BY SENATORS DOUGHERTY, BRAY, DAYS, WILSON,
COLEMAN, WHEELER AND KENNEDY.

Read 1st time February 17, 2005, and ordered printed.

TERRY L. SPIELER, Secretary.

1568L.01I

AN ACT

To repeal section 376.1209, RSMo, and to enact in lieu thereof one new section relating to insurance coverage for mastectomy.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 376.1209, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1209, to read as follows:

376.1209. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that provide coverage for the surgical procedure known as a mastectomy, and which are delivered, issued for delivery, continued or renewed in this state on or after January 1, [1998] **2006**, shall provide coverage for **at least a forty-eight-hour stay in the hospital immediately following a mastectomy, and** prosthetic devices or reconstructive surgery necessary to restore symmetry as recommended by the oncologist or primary care physician for the patient incident to the mastectomy, **including a minimum of seventy-two-hour stay in the hospital following immediate or concurrent reconstructive surgery.** Coverage for prosthetic devices and reconstructive surgery shall be subject to the same deductible and coinsurance conditions applied to the mastectomy and all other terms and conditions applicable to other benefits with

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

the exception that no time limit shall be imposed on an individual for the receipt of prosthetic devices or reconstructive surgery and if such individual changes his or her insurer, then the new policy subject to the federal Women's Health and Cancer Rights Act (Sections 901-903 of P.L. 105-277), as amended, shall provide coverage consistent with the federal Women's Health and Cancer Rights Act (Sections 901-903 of P.L. 105-277), as amended, and any regulations promulgated pursuant to such act.

2. As used in this section, the term "mastectomy" means the removal of all or part of the breast for medically necessary reasons, as determined by a physician licensed pursuant to chapter 334, RSMo.

3. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy or long-term care policy.

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